# 1715

#### STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s)			nmidt; Karen Soucy	y; Kathy Corey Fox;
II. Name of lobbyist's i	Thomas Colantuol			
	onal Association			
(Name	of partnership, firm or corp	oration)		
18 Centre Stre	et	Concord	NH	03301
Business Address: (Stree	et)	(Town/City)	(State)	(Zip Code)
(603) <u>225-7170</u> (Telephone)	(603) 2	226-0165 (Fax)	e-mail_ <b>attys(</b>	@biancopa.com
	ers: (Choose one – file s nsactions which are not			may file a separate report for
•	ctions occurring in the m	onths prior to the	reporting date relative to	o the following client:
Elliot Health Syst		manage on the Lobby	int Designation Form	
OR	(Full Name of Client as it a	ppears on the Lobby	vist Registration Form)	
	-	cluding the lobbyi	ist's family), or the lobby	ying firm listed below which are
IV. Date of Report Reports cover: activity	April 26, 2017 🕅	o 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30	N17
ac	October 25, 2017 $\Box$ ctivity from 7/1/17 to 9/30/1	7	January 31, 2018 activity from 10/1/17 to 12	
V. There have been I If this box is checked, co Concord, NH 03301.	no fees received and no complete just this form and	o reportable tr I submit it to the S	ansactions made sinc Secretary of State's Offic	ee the last report.   E. State House, Room 204,
VI. Check if additional	reports are attached:			
	l fees or made expenditu	res, you must file	Addendum A- Fees and	d Expenses
☐ If you have paid an Expense Reimbursemen		ed expenses, you r	must file <b>Addendum B</b> –	Report of Honorariums or
•		olitical contribution	ons, you must file <b>Adde</b> r	ndum C- Political Contributions
	mation by Lobbyist A 15-B, RSA 14-C and I of my knowledge and b		4/21/17	he foregoing information is true  Date) RECEIVED
James J. Bianco	o. Jr. //		,	- NEOLIVED
(Print Name of lobbyist		<del></del>		APR 2 6 2017
				NEW HAMPSHIRE

DEPARTMENT OF STATE

# PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

<ol> <li>Name of lobbyist's partnership, firm or corporation, if</li> </ol>	any:
Bianco Professional Association	
(Name of partnership. firm or corporation)	
I. Name of Client Elliot Health System	Date04/21/17
Fees Received icate the gross amount of all fees received from the client iden lobbying, including fees for services such as public advocacy, luding research, monitoring legislation, and related legal would by any expenses:	government relations, or public relations services
Total of all fees received in this reporting period	a) \$
Total of all fees received this calendar year, prior to this report (This should equal the total of all prior monthly reports for this	ing period b) \$ 0
Total of all fees received to date (Add lines a and b)	c) \$ _20,000
Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
Expenses: Obyist(s)/Lobbying partnerships, firms, or corporations are required as separate reports are to be filed for expenditures made relationships are to be reported in one of three categories of expensing the reporting period for salaries, benefits, support staff, a vidual expenses where the expenditure was of \$25.00 or less the where the cost was \$25.00 or less, purchase of a pen with a regular purchase of a ceremonial object given to a person of an itemized statement of each individual expenditure made during purpose not covered by (a) (for example: purchase of a measurant expenses for a legislative reception). Expenses for hetributions will be reported on separate addendums and should not be supposed.	tive to each client and if expenditures are made by ate report may be filed for the lobbyist(s)/firm. ses: (a) the aggregate total of all expenses paid and office expenses; (b) the aggregate total of all (for example: meals purchased during a business value of less than \$10 that is given to the person being lobbied with a value of \$25.00 or less); and ing this reporting period of greater than \$25.00 for all with value of greater than \$25, purchase of a value greater than \$25, but not greater than \$50, onorariums, expense reimbursement, or political
	enefits,
Total aggregate expenses for this reporting period for salaries, bupport staff, and office expenses, related directly or indirectly to k	

d) Total expenses for this reporting period	d) \$ 20,000
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 0
f) Total of all expenses year to date	f) \$20,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15 B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
	04/21/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, fir	m, or corporation	on: Bianco Profession	onal Association
Name of Client (leave blank if Sta			
particular client): Elliot Health	System		
Date of Report (check one):			
April 26, 2017 💆 July 26, 2	2017 □ C	October 25, 2017 □	January 31, 2018 □
I have read RSA 15, RSA 15-B, F the following Addendums submitts submitted):  Addendum A(s).			•
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the f complete to the best of my knowle (Signature of lobbyist)			and each Addendum is true and  (Date)
Adam Schmidt			
(Print Name of Jobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpo	ration: Bianco Profess	ional Association
			corporation and not related to any
particular client): Ellio	t Health System		
Date of Report (check o	ne):		
April 26, 2017 💆	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
	ns submitted with tha		nd Expenses described above, and umber of Addendum forms being
I hereby swear or affirm complete to the best of m		ief.	at and each Addendum is true and  4/4/17 (Date)
Karen Soucy			
(Print Name of lobbyist)		<del></del>	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	īrma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	enses	for:

Name of Lobbying partnership, firm, or corpora	tion: Bianco Professional Association
	the partnership, firm, or corporation and not related to any
particular client): Elliot Health System	
Date of Report (check one):	
April 26, 2017 ☑ July 26, 2017 □	October 25, 2017 □ January 31, 2018 □
	Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being
I hereby swear or affirm that the foregoing info complete to the best of my knowledge and belie (Signature of lobbyist)	ormation on the Statement and each Addendum is true and f.  Date
Kathy Corey Fox	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

	lank if Statement is fo	ration: Bianco Profess	corporation and not related to any
Date of Report (check o	ne):		
April 26, 2017 🛣	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
	ns submitted with tha		nd Expenses described above, and umber of Addendum forms being
Addendum C(s).			
I hereby swear or affirm complete to the best of many long (Signature of lobbyist)	ny knowledge and beli	formation on the Statemer ief.	at and each Addendum is true and  /// // (Date)
Thomas Colantuon	0		
(Print Name of lobbyist)			